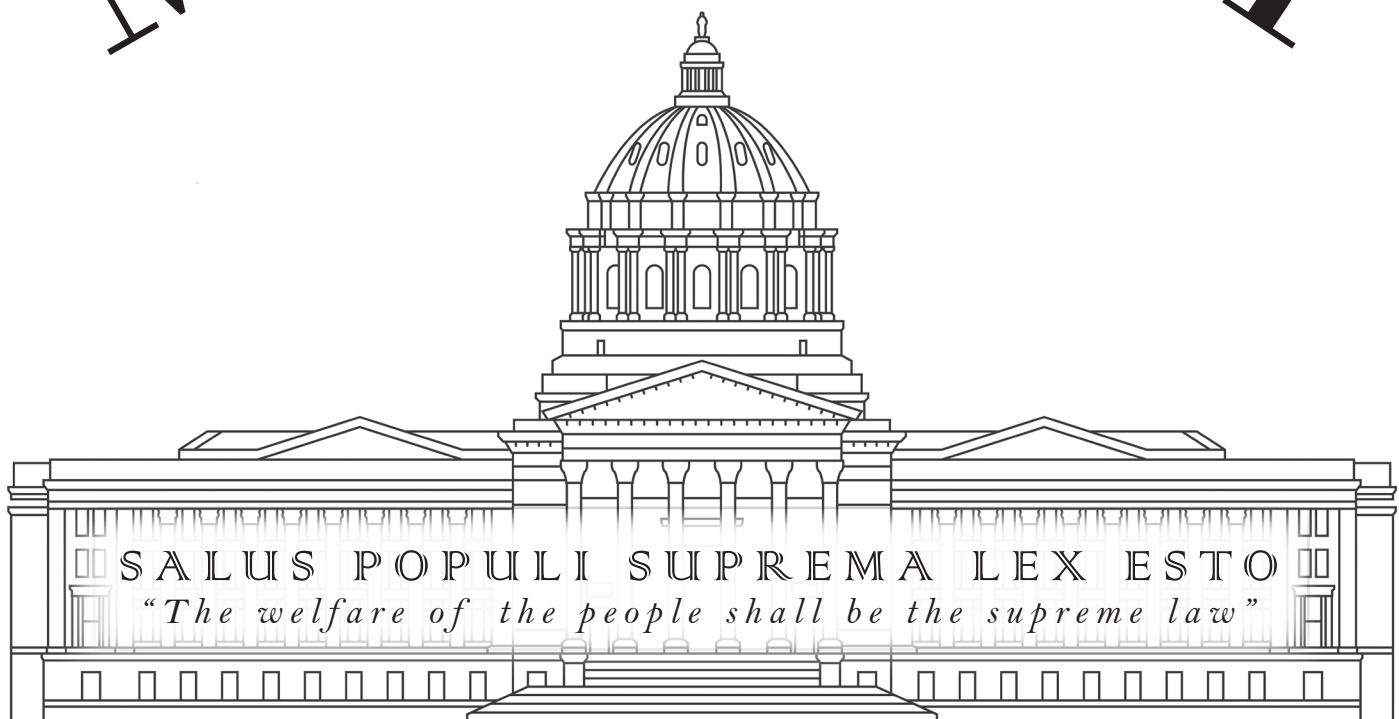


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April 15, 2025

MISSOURI



REGISTER

Denny Hoskins  Secretary of State

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MISSOURI REGISTER



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March 3, 2025	April 1, 2025	April 30, 2025	May 30, 2025
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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please see the website at sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system—

Title	CSR	Division	Chapter	Rule
3 Department	<i>Code of State Regulations</i>	10- Agency division	4	115
			General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation; for example, 3 CSR 10-4.115, NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and Register on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is sos.mo.gov/adrules/csr/csr

The *Register* address is sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) business days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the Missouri Register as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30 – Division of Regulation and Licensure Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY RULE

19 CSR 30-30.062 Complication Plans for Certain Drug- and Chemically- Induced Abortions

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

EMERGENCY STATEMENT: Section 188.021, RSMo, requires physicians who use "any drug or chemical" for "the purpose of inducing an abortion" to "obtain approval from the department of health and senior services of a complication plan from the physician for administration of the drug or chemical to any patient." The law also gives the Department of Health and Senior Services (DHSS) the authority to "adopt rules, regulations, and standards governing complication plans to ensure that patients

undergoing abortions induced by drugs or chemicals have access to safe and reliable care." Section 188.021(3), RSMo. DHSS has issued regulations governing complication plans at 19 CSR 30-30.061. On December 20, 2024, a court preliminarily enjoined enforcement of 19 CSR 30-30.061 as it pertains to complication plans. See Order at 14-15, *Comprehensive Health of Planned Parenthood Great Plains v. Missouri*, 2416-CV31931 (16th Cir. Ct. Mo. Dec. 20, 2024). The Court found that the regulation might interfere with Missourian's right to reproductive freedom under Article I, § 36 of the **Missouri Constitution**. But the Court specifically declined to enjoin section 188.021, RSMo: "The Court finds the language of § 188.021.2 does not necessarily deny, interfere with, delay or otherwise restrict reproductive freedom." Id. at 14. Accordingly, the statutory requirement for a complication plan still exists, but the enabling regulation is enjoined.

No abortion facility or physician submitted a complication plan for DHSS's approval until February 19, 2025. In light of the recent preliminary injunction, DHSS has determined that this emergency regulation is necessary to replace the regulations in 19 CSR 30-30.061. This regulation will protect Missourians' access to "safe and reliable care." section 188.021.3, RSMo.

Abortion inducing drugs create serious public health risks. The Food and Drug Administration's label for the abortion drug Mifepristone states that up to roughly one in 20 women (4.6%) who take abortion drugs will require emergency room care, with up to seven percent requiring a "surgical procedure because the pregnancy did not completely pass from the uterus or to stop bleeding." FDA-Approved Label for Mifepristone (Mifeprex) (Jan. 2023), https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf (Mifeprex 2023 Label). This means that if an abortion facility performs 10 chemically induced abortions each month, they should expect that six women will be forced to go to the emergency room each year.

Moreover, studies show that the complication rate is much higher for chemical abortions than for surgical abortions. Chemical abortions are "5.96 times as likely to result in a complication as first-trimester aspiration abortions." Ushma D. Upadhyay, et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175, 181 (Jan. 2015). Up to 20% of chemical abortions resulted in adverse events such as hemorrhage. "The overall incidence of adverse events was fourfold higher in the medical compared with surgical abortion cohort (20.0% compared with 5.6%, P<.001)." Niinimaki M., et al., *Immediate Complications After Medical Compared With Surgical Termination of Pregnancy*. *Obstet. Gynecol.* 2009 October; 114(4): 795-804. These risks increase with gestational age. The FDA's own label notes that the percentage of surgical interventions due to incomplete chemical abortion is just over ten times higher for women at 64–70 days gestation than for women at less than or equal to 49 days gestation. (Mifeprex 2023 Label Accordingly, continuity of care is especially important for women who obtain chemical abortions.

For those reasons, DHSS finds that the use of abortion inducing drugs without a complication plan poses "an immediate danger to the public health, safety or welfare" and that this "rule is necessary to preserve" the State's "compelling governmental interest" in ensuring that section 188.021, RSMo, is enforced and protecting Missourians from the health and safety risks created by abortion inducing drugs. section 536.025.1(1), RSMo. DHSS has followed procedures "which comply with the protections extended by the **Missouri and United States Constitutions**." section 536.025.1(2), RSMo.

This emergency rule is also "calculated to assure fairness to all interested persons and parties under the circumstances" and limited in scope to "the circumstances creating an emergency and requiring emergency action." section 536.025.1(3)-(4), RSMo.

The circuit court's preliminary injunction order held that section 188.021, RSMo, "does not necessarily deny, interfere with, delay or otherwise restrict reproductive freedom." See Order at 14, Comp Health, 2416-CV31931. The court found that the statute's implementing regulation could interfere with Article I, § 36 of the **Missouri Constitution** because the geographic scope of the regulation was not properly tailored to improve or maintain the health of the person seeking care. The court explained, "[A] person who travels three hours to get a medication abortion and then returns home, would not benefit from this requirement. If complications arise after taking the medication, the individual would need to seek emergency care at the nearest hospital emergency room, as with any other medical emergency." Id. at 14-15. The Court took no other issue with the previous regulation. This emergency rule is limited in scope to address the tailoring problem identified by the court's preliminary injunction order—the only problem the preliminary injunction order identified. The rule will ensure that women can quickly and safely receive proper emergency care for abortion-related complications at a convenient location.

This emergency rule is under protective, but the current preliminary injunction prohibits enforcement of a regulation that fully protects women from the heightened complication risks of chemically induced abortions. This regulation thus seeks to protect health as much as possible in light of the recent preliminary injunction. Should that preliminary injunction be lifted, DHSS will assess whether to rescind this emergency rule and enforce the previous, more-protective regulation.

A proposed rule, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The Department of Health and Senior Services believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed March 13, 2025, becomes effective March 27, 2025, and expires September 22, 2025.

(1) For purposes of this rule, the following terms mean:

(A) Abortion – The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility – Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) Complication – Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department – The Missouri Department of Health and Senior Services;

(E) Drug – A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) Local Area – The area within a twenty-five (25)-mile radius of the location where the physician dispenses the abortion producing drug.

(G) OB/GYN –

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology,

or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG approved residency;

(H) Physician – A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Each abortion facility shall confirm with the patient the location where the patient will complete the drug-induced abortion. Complication plans shall provide for situations when the patient will complete the abortion in the local area as specified in subsection (3) and situations where the patient will complete the abortion outside the local area as specified in subsection (4).

(3) Complication plans for facilities that provide drug-induced abortions to ten (10) or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than seven (7) days after the most recent chemically induced abortion.

(B) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(C) An OB/GYN who is a staff member or consultant to the abortion facility may have a written agreement to treat complications under a complication plan.

(D) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where

doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(E) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(F) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department.

(G) The abortion facility shall ensure that before discharge, every patient from the local area who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(H) An abortion facility may request a waiver to the requirement that an OB/GYN or OB/GYN group be on call to treat complications. If an abortion facility cannot contract with an OB/GYN or OB/GYN group to provide treatment for abortion-pill complications, the abortion facility must request to contract with another qualified physician or physician group to fulfill the requirements in subsection (3) of this rule. The waiver request shall include:

1. An explanation of the abortion facility's recent, unsuccessful efforts to contract with an OB/GYN or OB/GYN group. The explanation shall include the OB/GYN or OB/GYN groups that were contacted and the date they were contacted.

2. The name of the physician or physician group that will provide treatment for complications instead of the OB/GYN or OB/GYN group.

3. An explanation of how the physician or physician group is qualified to address complications to a similar degree as an OB/GYN.

4. A statement that the physician will comply with all of the requirements in subsection (3) of this rule that would normally be fulfilled by an OB/GYN or OB/GYN group.

(4) Complication plans for all facilities for drug-induced abortions for patients outside the local area.

(A) Every complication plan shall include provisions for patients who will complete the abortion outside of the abortion facility's local area. When a physician determines that a patient will complete the abortion outside the local area, the complication plan shall require that the physician shall do the following:

1. Identify the patient's primary-care physician or OB/GYN. If the patient does not have a primary care physician or OB/GYN, the physician shall identify an OB/GYN within a reasonable distance of the location where the patient will complete the abortion.

2. Identify the closest emergency room to the location where the patient will complete the abortion and to the patient's home, if that is a different location.

3. Inform the patient about the steps to take in the event she has complications from the abortion. The physician shall explain the possible complications from abortion inducing drugs as set out on the United States Food and Drug Administration's approved label for the abortion-inducing drug and explain that the FDA has recognized that up to four and six tenths percent (4.6%) of women receiving chemically induced abortions have sought treatment at an emergency room.

4. Provide the patient with a letter describing the patient's relevant medical history and prescribed medications, including all medications prescribed to induce the abortion, to present to the patient's local OB/GYN practice or emergency room in the event she suffers complications. The letter must include the prescribing physician's name and contact information, information about the abortion drugs prescribed, and an overview of the patient's relevant medical history.

5. If complications occur, the prescribing physician must attempt to contact the treating physician or patient as soon as reasonably possible after learning about the complication in order to fully brief the treating physician on the patient's relevant medical history. If the prescribing physician is unable to contact the treating physician within eight (8) hours, the prescribing physician may leave a message and contact information at the facility where the patient is being treated.

6. The physician who prescribed the abortion-inducing drugs must take all reasonable measures to follow up with any patient who has suffered complications from an abortion-inducing drug within twenty-four (24) hours of learning of the complication. If the physician is unable to contact the patient within twenty-four (24) hours, he or she must continue to attempt to contact the patient once a day for an additional seventy-two (72) hours. If the physician is unable to contact the patient after ninety-six (96) hours, the physician must document the attempts to contact the patient and the reason for the inability to schedule the follow-up appointment. The follow-up appointment may be in person or via a telehealth visit.

(B) If the prescribing physician does not treat a patient's complications, the prescribing physician shall explain to the physician treating a patient's complication the need to prepare a complication report as required by section 188.052, RSMo, and ensure that it is submitted to the department.

(5) Submission of complication plans to the department.

(A) The physician or abortion facility shall submit complication plans to the department for approval in writing. In addition to the plan, the physician or abortion facility shall provide at least the following information in writing:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN or other physician who will provide complication coverage for patients in the local area, or if an OB/GYN or other physician group will provide coverage, the full legal name of the group and the full name of each OB/GYN or other physician who is part of the group;

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention;

4. Documents establishing that each OB/GYN who will provide complication coverage for patients in the local area

under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, subject to the exception in waiver (3)(H) of this rule; and

5. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage for patients in the local area, subject to the waiver in subsection (3)(H) of this rule. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(B) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN or physician coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(C) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

(6) The department will assess whether to rescind this emergency rule if the preliminary injunction prohibiting enforcement of 19 CSR 30-30.061 is lifted prior to the expiration date of this emergency rule.

AUTHORITY: section 188.021, RSMo Supp. 2024. Emergency rule filed March 13, 2025, effective March 27, 2025, expires Sept. 22, 2025. A proposed rule covering this same material is published in this issue of the Missouri Register.

PUBLIC COST: This emergency rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

PRIVATE COST: This emergency rule will cost private entities between zero (0) and \$1,026,562.50 in the time the emergency is effective.

**FISCAL NOTE
PRIVATE COST**

**I. Department title: Health and Senior Services
Division title: Regulation and Licensure
Chapter title: Ambulatory Surgical Centers and Abortion Facilities**

Rule number/name:	19 CSR 30-30.062 / Complication Plans for Certain Drug- and Chemically- Induced Abortions
Type of rulemaking:	Emergency Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class that would likely be affected by adoption of the rule:	Classification by type(s) of the business entities that would likely be affected by adoption of the rule:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
0-9	Abortion Facilities, as that term is defined in section 188.015, RSMo, providing drug-induced abortions to 10 or more women a month in the local area	\$0 - \$1,026,562.50 during emergency rule effective period

III. WORKSHEET

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

19 CSR 30-30.062(3) Complication plans for facilities that provide drug-induced abortions to 10 or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than 7 days after the most recent chemically induced abortion.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is \$228,125. See assumptions below for more information about this amount.

Total annual cost across providers:

$$\begin{aligned} \text{Min} &= \$228,125 \text{ per year} \times 0 \text{ medication abortion providers} = \$0 \text{ per year} \\ \text{Max} &= \$228,125 \text{ per year} \times 9 \text{ medication abortion providers} = \$2,053,125 / \text{year} \end{aligned}$$

This annual cost is reduced proportionally to cover the anticipated period when the emergency rule is effective, approximately 6 months.

$$\begin{aligned} \text{Min} &= \$0 \times (10 / 12 \text{ months}) = \$0 \\ \text{Max} &= \$2,053,125 \times (6/12) = \$1,026,562.50 \end{aligned}$$

IV. ASSUMPTIONS

1. No cost is calculated for the development of complication plans required by section 188.015, RSMo as policy and procedure development is assumed to be part of the daily responsibilities of a facility administrator.
2. Planned Parenthood is the only provider known in Missouri at this time that desires to provide medication abortion services. There are nine (9) Planned Parenthood locations in Missouri. It is unknown how many of those facilities will provide medication abortions and therefore be required to comply with this rule. Due to that variable, the estimate of the number of entities affected by adoption of this rule is 0-9.
3. If no providers in Missouri choose to provide medication abortions, the aggregate cost of compliance with this rule will be \$0 per year.
4. 19 CSR 30-30.061 was filed in 2017 and cited an annual cost for 24/7 on-call OB/GYN services of \$182,500 per facility. Physician Side Gigs notes a roughly 25% increase in OB/GYN salaries from 2018-2023. See <https://www.physiciansidegigs.com/average-obgyn-salary>. Based on this information, the average annual cost of on call services is assumed to be \$228,125 per year.
5. The rule does allow for the use of non-OB/GYNs for on-call services in limited circumstances if no OB/GYN or OB/GYN group can be contracted. This variable will not impact the fiscal note because it is assumed that the cost of non-specialty providers will be less than the cost of OB/GYNs.
6. The total cost as calculated here is not reflective of a true cost increase to private entities. The existing regulation, 19 CSR 30-30.061, imposes stricter requirements on private entities that perform abortions. Because this is a new rule, this fiscal note does not take into account the costs that abortion facilities were already incurring to comply with 19 CSR 30-30.061. It is therefore likely that this rule will result in minimal, if any, actual realized cost increase for abortion providers. It may result in a cost decrease because it imposes fewer obligations on abortion facilities than the regulation it temporarily replaces.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

**EXECUTIVE ORDER
25-19**

WHEREAS, I have been advised by the State Emergency Management Agency that the ongoing and forecast severe storm systems have caused, or have the potential to cause, damages associated with tornados, straight line winds, large hail, heavy rains, flooding and flash flooding affecting communities throughout the State of Missouri; and

WHEREAS, interruptions of public services are occurring, or anticipated to occur, as a result of the severe weather event starting on March 14, 2025, and continuing; and

WHEREAS, the severe storm systems beginning on March 14, 2025, and continuing, have the potential to create a condition of distress and hazard to the safety, welfare, and property of the people of the State of Missouri beyond the capabilities of some local jurisdictions and other established agencies; and

WHEREAS, the State of Missouri will continue to be proactive where the health and safety of the people of Missouri are concerned; and

WHEREAS, the resources of the State of Missouri may be needed to assist affected jurisdictions and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

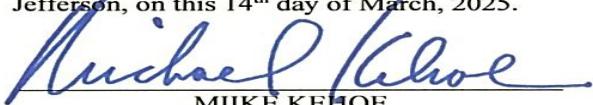
WHEREAS, invoking the provisions of Sections 44.100 and 44.110, RSMo, is required to ensure the protection of the safety and welfare of the people of Missouri.

NOW, THEREFORE, I, MIKE KEHOE, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, including sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri and direct the Missouri State Emergency Operations Plan be activated.

I further authorize direct state agencies to provide assistance as needed.

This Order shall terminate on April 14, 2025, unless extended in whole or in part.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 14th day of March, 2025.


MIKE KEHOE
GOVERNOR

ATTEST:


DENNY L. HOSKINS
SECRETARY OF STATE



The text of proposed rules and changes will appear under this heading. A notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This explanation is set out in the PURPOSE section of each rule. A citation of the legal authority to make rules is also required, and appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules that are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close-of-comments date will be used as the beginning day in the ninety- (90-) day count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice, file a new notice of proposed rulemaking, and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

TITLE 2 – DEPARTMENT OF AGRICULTURE
Division 80 – State Milk Board
Chapter 2 – Grade “A” Pasteurized Milk Regulations

PROPOSED RULE

2 CSR 80-2.005 Adoption of the *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration

PURPOSE: This rule incorporates *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration, which is the recommended ordinance for adoption by state and local governments for the sanitary control of Grade “A” milk and milk products.

PUBLISHER'S NOTE: The secretary of state has determined that the

publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision of the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration provides an assessment of the regulatory agency's sanitation activities regarding public health protection and milk quality control. This is accomplished by evaluating sanitation compliance and enforcement standards of the current edition of the Grade “A” Pasteurized Milk Ordinance (PMO). *Methods of Making Sanitation Ratings of Milk Shippers*, 2023 Revision, is hereby incorporated by reference as published by the United States Department of Health and Human Services, Public Health Service, Food and Drug Administration, Division of Plant and Dairy Food (HFS-316), 5100 Paint Branch Parkway, College Park, MD 20740-3835. This rule does not incorporate any subsequent amendments or additions to the Pasteurized Milk Ordinance (PMO).

AUTHORITY: section 196.939, RSMo 2016. Original rule filed March 12, 2025.

PUBLIC COST: This proposed rule will not cost public entities more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Milk Board, 1616 Missouri Blvd., Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**TITLE 5 – DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION**
Division 20 – Division of Learning Services
Chapter 400 – Office of Educator Quality

PROPOSED AMENDMENT

5 CSR 20-400.440 Procedures and Standards for Approval and Accreditation of Professional Education Programs in Missouri. The department is amending sections (3) and (4).

PURPOSE: This amendment ensures that only educator preparation providers able to meet rigorous standards of quality and accountability will be authorized and remain authorized to prepare educators for Missouri's children.

(3) Initial Provider Approval.

(A) [An educator preparation program seeking initial approval to offer either a traditional or an alternative professional education program] An educational entity seeking initial approval to offer educator preparation programs and to recommend successful completers of those programs for certification in the state of Missouri shall submit [a written proposal] an application portfolio to the Department of Elementary and Secondary Education (department) [addressing]

the elements discussed in this section. All such programs shall be reviewed by the department and approved by the State Board of Education (board) pursuant to MoSPE and as outlined below. Only those programs which the department determines to have merit and potential for providing quality preparation for candidate certification will be considered for approval. The proposals]. Requests to offer initial teacher preparation and advanced educator preparation programs must be submitted separately. Applications portfolios should include [at a minimum] the following elements:

[1. A description of the proposed program based upon a statement of the purpose and objectives for an area of the public school curriculum and a statement of the nature of the proposed program that is consistent with those objectives, the mission of the organization, and the conceptual framework for the educator preparation programs. These statements shall be based on analyses of current practices and trends in the identified area of the public school curriculum;

2. A clearly detailed plan that specifies the program's admission requirements for program candidates—

A. For traditional programs, the plan must include discussion of the program's requirements for entry-level assessments designated by the board, with qualifying scores specified by the Educator Preparation Program; and

B. For alternative programs, the admission requirements must specify that the individual shall have earned a bachelor's or higher degree from a regionally accredited institution. The degree shall be in the content area of the desired certificate of license to teach or the individual shall have achieved a passing score on the designated exit assessment(s) in a middle or secondary content area of the desired certificate of license to teach. The individual shall participate in a structured interview conducted by the educator preparation program for screening, diagnostic, and advising purposes;

3. A clearly formulated statement of the competencies for educators in the identified area of the public school curriculum. These competencies shall include subject knowledge and professional skills based upon current research and practice and shall include the competencies for educators identified in the MoSPE adopted by the board;

4. Curriculum matrix delineating the courses and supervised field and clinical experiences prescribed to address competencies appropriate for candidates to meet state certification requirements, a description of the process by which the candidates will be prepared, and provisions for assessing candidates and keeping records of their progress through the program;

5. Identification of the administrative structure of the proposed program indicating where the responsibility is vested in the educator preparation program;

6. Clearly identified resources as stipulated by MoSPE to support the program. The continuing availability of the resources shall be assured for the duration of the program. Any resources not under the control of the program shall be defined and confirmed by the controlling agency; and

7. A written plan for the continuing evaluation of the proposed program that includes definition and specifications of the kinds of evidence that will be gathered and reported to the organization and the department at designated intervals. Evaluation reports shall provide information to identify areas in the program that need to be strengthened and/or to suggest new directions for program development.]

1. A completed department-approved application form declaring the level (e.g., initial or advanced) and specific programs the entity is requesting authority to offer. The list of programs should denote the type – traditional or

alternative – of each intended program;

2. A letter of authorization to offer postsecondary programming in Missouri or a current certificate to operate from the state department overseeing higher education;

3. An attestation that entity is in full good standing in every state in which it is currently offering educator preparation programs (e.g., not on probation);

4. A description of the administrative structure of the proposed provider to include, at a minimum –

A. Individual responsible for all programs offered by the entity (e.g., dean, unit leader);

B. Individual responsible for submitting recommendations for certification and who will serve as the primary contact with the department on issues related to certification (e.g., certification officer);

C. Individual who will serve as the primary contact with the department on issues related to field experiences (e.g., director of clinical experiences);

D. Individual who will serve as the primary contact with the department on issues related to the continuous improvement processes of the entity, including but not limited to the Annual Performance Reports for Educator Preparation Providers (e.g., assessment director);

5. A description of the entity's plan for supervising clinical experiences, including student teaching in Missouri public schools;

6. A description of the entity's plan to develop lasting collaborative partnerships with at least some Missouri local educational agencies;

7. Documented evidence of the entity's history of preparing effective educators. If the applying entity has no previous experience with educator preparation, evidence of success with another professional preparation program that includes some sort of clinical experiences may be submitted;

8. Evidence of appropriate curriculum. For each proposed certification program (e.g., Elementary Education, Mathematics (9-12)), the following documents must be submitted:

A. A matrix, submitted on a department-approved form, indicating the course(s) to be used to meet each of the certification requirements; and

B. An official university syllabus for each course listed on the matrix; and

9. An attestation, signed by the entity's chief academic officer, that the institution understands, and agrees to abide by, all statutes and regulations that apply to educator preparation in Missouri, including but not limited to the Missouri Standards for the Preparation of Educators (MoSPE) and the Rules of the Department of Elementary and Secondary Education.

(B) After review, the department will recommend to the State Board of Education (board) that the application should be approved or denied. The board will determine whether or not the applying entity will be granted the authority to provide educator preparation in Missouri.

(C) The authority to provide initial teacher preparation and advanced educator preparation will be granted separately.

(D) Approved providers are only authorized to offer programs that have been explicitly approved by the department and, as appropriate, the Department of Higher Education and Workforce Development.

(E) Should a Missouri-approved educator preparation provider wish to add a specific preparation program in an area of certification not previously approved, the following

documents must be submitted to the department:

1. A completed department-provided application form indicating the certification areas the provider would like to add;
2. A matrix, submitted on a department-approved form, indicating the course(s) to be used to meet each of the certification requirements; and
3. An official university syllabus for each course listed on the matrix.

(4) Accreditation.

[(A) Upon receiving initial approval, an educator preparation program must begin the process of seeking accreditation through the collection and submission of data in the form of annual reports consistent with the rules and regulations promulgated by the board.

(B) Based upon this reporting, the commissioner shall recommend to the board that an approved educator preparation program be accredited, provisionally accredited, or unaccredited. The commissioner's recommendation shall not include the removal of accreditation of programs for which the program was not afforded an opportunity for a hearing according to the provisions of Chapter 536, RSMo.

(C) The commissioner shall review the Annual Performance Report and may request additional information before recommendations are made to the board.

(D) The commissioner may authorize an interim review of an educator preparation program in accordance with the rules and regulations promulgated by the board. As a result of the review, and upon the recommendation of the commissioner, the board may revoke the approval and accreditation thereby removing an educator preparation program's authorization to recommend candidates for certification.

(E) Should the board disapprove any educator preparation program and/or one (1) or more of their individual areas of certification, the commissioner shall notify the program of the decision and inform the educator preparation program with reasons for the decision.

(F) Requisite conditions, guidelines, procedures, and standards, as set forth in the rules and regulations promulgated by the board, shall be followed by any educator preparation program seeking board approval.]

(A) Upon receiving initial approval, an educator preparation provider must annually submit data consistent with the rules and regulations promulgated by the board. These and other available data are used by the department to generate annual performance reports.

(B) The commissioner shall review the annual performance reports and may request additional information before recommendations are made to the board.

(C) Based upon a review of available information, the commissioner shall recommend to the board that an educator preparation provider be accredited, provisionally accredited, or unaccredited.

1. In addition to data provided by annual performance reports, any failure to comply with the rules promulgated by the board, and the guidelines developed by the department to execute those rules, may also inform the commissioner's recommendation.

2. The commissioner shall not recommend the removal of accreditation of providers not afforded an opportunity for a hearing according to the provisions of Chapter 536, RSMo.

(D) Informed by the commissioner's recommendation, the board will annually make an accreditation

determination of accredited, provisionally accredited, or unaccredited, for each educator preparation provider in Missouri, with decisions about initial teacher preparation and advanced educator preparation being made separately.

(E) The commissioner may authorize an interim review of an educator preparation program in accordance with the rules and regulations promulgated by the board. As a result of the review, and upon the recommendation of the commissioner, the board may revoke the approval and accreditation thereby removing an educator preparation program's authorization to recommend candidates for certification.

(F) Should the board remove accreditation from any educator preparation provider, the commissioner shall notify the program of the decision and inform the educator preparation provider with reasons for the decision.

AUTHORITY: sections 161.092 and 161.099, RSMo 2016, and section 161.097, RSMo Supp. [2022] 2024. Original rule filed Aug. 28, 2012, effective March 30, 2013. Amended: Filed March 20, 2020, effective Oct. 30, 2020. Amended: Filed Feb. 9, 2023, effective Sept. 30, 2023. Amended: Filed March 4, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivision more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Elementary and Secondary Education, Attention: Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480, or by email to educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES

Division 70 – MO HealthNet Division

Chapter 25 – Physician Program

PROPOSED AMENDMENT

13 CSR 70-25.140 Biopsychosocial Treatment of Obesity for Youth and Adults. The MO HealthNet Division is amending sections (1)-(7), deleting section (3), and renumbering as necessary.

PURPOSE: This amendment updates the incorporation language, removes prior authorization requirements for biopsychosocial treatment of obesity, and updates provider qualifications to allow more providers to deliver biopsychosocial treatment of obesity.

(1) Administration. The MO HealthNet Division, Department of Social Services, shall administer Biopsychosocial Treatment of Obesity for Youth and Adult participants. Biopsychosocial treatment of obesity services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the MO HealthNet Division and shall be included in the *MO HealthNet Physician Provider Manual* and

Behavioral Health Services Manual], which are incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at, <http://manuals.momed.com/manuals>, December 27, 2019]. The MO HealthNet Physician Provider Manual is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, October 7, 2024, and available at <https://mydss.mo.gov/media/pdf/physicians-provider-manual>. This rule does not incorporate any subsequent amendments or additions. The MO HealthNet Behavioral Health Services Provider Manual is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, October 21, 2024, and available at <https://mydss.mo.gov/media/pdf/behavioral-health-services-manual>. This rule does not incorporate any subsequent amendments or additions. Biopsychosocial treatment of obesity services covered by the MO HealthNet program shall include only those which are shown to be medically necessary.

(A) In the administration of the rule, the following definitions are used:

1. "Biopsychosocial Treatment of Obesity" means using a combination of obesity screenings[*, Medical Nutrition Therapy (MNT)*]*J* and Intensive Behavioral Therapy (IBT) to promote [*life style*] lifestyle changes leading to weight loss [*in*] for adult [*and youth*] participants, **and weight loss or weight stabilization for youth participants**. **Medical Nutrition Therapy (MNT) is a recommended but optional component of the treatment.**

A. "Adult Intensive Behavioral Therapy (IBT)" means obesity management by utilizing intensive multicomponent, behavior-based weight loss interventions that promote and sustain weight loss in adult participants.

B. "Youth Intensive Behavioral Therapy (IBT)" means obesity management by utilizing comprehensive, intensive behavior-based weight loss interventions that can include multi-component family-based behavioral treatment (FBT) interventions tailored to participant needs targeting both the parent/guardian and the youth;

2. "Body Mass Index (BMI)" means a measure that relates body weight to height and is calculated by dividing weight in kilograms (kg) by the square of height in meters (expressed in kg/m²).

A. "Body Mass Index (BMI) Percentile" means the range of BMI values as expressed in percentiles for age and gender as plotted on the pediatric BMI chart.

B. "Pediatric Body Mass Index (BMI) Chart" means a graphic display of normal progressive changes in body mass index for the pediatric population ages two (2) to twenty (20) years of age;

3. "Consultation" for the purpose of this rule means the experienced behavioral health clinician who meets provider requirements for Intensive Behavioral Therapy (IBT) outlined in this regulation [*support*] evaluates and [*evaluate*] supports the newly certified provider's competency in delivery of behaviorally based intervention for patients diagnosed with obesity;

4. "Medical Nutrition Therapy (MNT)" means nutritional diagnostic, therapy, and counseling services furnished by a licensed registered dietitian or registered dietitian nutritionist, and includes a review of nutritional health, eating habits, and development of an individualized nutrition plan; and

5. "Qualified University" means a United States regionally

accredited college, university, or foreign equivalent, or an academic university-based medical center affiliated with such a university.

(2) Provider Participation. To be eligible to provide services for the MO HealthNet Biopsychosocial Treatment of Obesity Program –

(B) [*Provider Requirements for MNT. In order to*] To provide [*medical nutrition therapy*] MNT for obesity, a [*provider*] practitioner is required to meet the following criteria:

1. Have a current license to practice as a Licensed Registered Dietitian or Registered Dietitian Nutritionist in the state in which they practice;

[2. *The Provider will need to obtain one (1) of the following specialist certificates in order to provide MNT for treatment of obesity:*

A. *Certificate of Training in Adult Weight Management Program;*

B. *Certificate of Training in Obesity Interventions for Adults;*

C. *Certificate of Training in Child and Adolescent Weight Management; or*

D. *Completion of a qualified training program that provides professional medical nutrition therapy training addressing obesity and weight management treatment for participant population(s) served;*

3. *A licensed provider may provide MNT without a certificate as listed above if the provider meets the following criteria:*

A. *The provider has maintained a dietitian license credential for a minimum of two (2) years;*

B. *The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals and/or families or youth with obesity diagnoses within the past five (5) years; and*

C. *The provider will have documentation of a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential:]*

2. Meet one (1) of the following requirements:

A. *Have a minimum of one thousand (1,000) hours of experience delivering weight management treatment for individuals, families, or youth with obesity within the past five (5) years;*

B. *Earned a Commission on Dietetic Registration (CDR) Certificate of Training in Obesity for Pediatrics and Adults;*

C. *Earned a CDR Specialist Certification in Obesity and Weight Management (CSOWM);*

D. *Earned a CDR Adult Weight Management Certificate of Training;*

E. *Earned a CDR Childhood and Adolescent Weight Management Certificate of Training; or*

F. *Completed a state qualified training program in obesity treatment for adults and/or children; and*

3. *Licensed dietitians who provide MNT under this program must complete a minimum of three (3) hours of continuing education specific to obesity or weight management every two (2) years;*

(C) [*Provider Requirements for IBT. In order to provide individual and/or group intensive behavioral therapy (IBT) and/or family-based behavioral treatment (FBT) for youth and adults a provider is required to meet*] To provide individual and/or group IBT and/or FBT, a practitioner is required to meet the following criteria:

1. Have a current license to practice as one (1) of the following provider types: psychiatrist, clinical social worker,

psychologist, or professional counselor, *[marital]* **marital** and family therapist, or psychiatric advanced practice registered nurse(s). *[Registered]* **Licensed** dietitians are eligible to provide group IBT and/or FBT if they meet the requirements of paragraphs (2)(C)3. and (2)(C)4. of this rule;

2. Have one thousand (1,000) hours of experience delivering weight management behavioral treatment for individuals, families, and/or youth with obesity within the past five (5) years;

[2.]3. *[A specialist certification for the participant population(s) served that was attained through completion of]* Complete a qualified training program that addresses delivery of behaviorally based intervention for adult and/or youth participants diagnosed with obesity; **and**

[3.] A licensed provider may provide IBT without a certificate with the following criteria:

A. *The licensed provider has maintained one (1) of the aforementioned license credentials for a minimum of two (2) years;*

B. *The provider has a minimum of two thousand (2,000) hours of specialty practice experience delivering weight management behavioral treatment for individuals, and/or families, and youth with obesity diagnoses within the past five (5) years; and*

C. *The provider will have documentation with a minimum of six (6) hours of obesity or weight management CEUs or professional equivalent post receipt of license credential; and]*

4. Licensed professionals who provide IBT and/or FBT under this program must complete a minimum of six (6) hours of continuing education credits specific to obesity or weight management every two (2) years for the patient population served, either youth or adult or both.

[(D) Continuing Education Unit (CEU) requirement. The provider must maintain six (6) hours of obesity or weight management CEUs or professional equivalent every two (2) years for the patient population served, either youth or adult or both.

1. The required evaluation and documentation on compliance with certification standards post completion of a qualified training program from an experienced provider does not count toward the six (6) hours of CEUs.

(E) The provider must meet the provider qualifications outlined in this regulation in order to bill MO HealthNet for the service.

(3) Qualified Training Program Requirements.

(A) A qualified training program has stated learning objectives for the course content and includes the following:

1. Content-expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery);

2. Course materials developed by professionals with demonstrated expertise in the content area;

3. Content areas cover evidence-based approaches to effectively deliver weight management and obesity treatment for adult and/or youth participants using a family-centered, comprehensive approach; and

4. Sponsored by or conducted in affiliation with a qualified university.

(B) The training program for youth and adults participants shall contain a mix of didactics with simulation work conducted by members of the training center staff.

(C) The qualified training program shall provide a certificate upon completion of the program.

(D) Qualified training programs on IBT and FBT shall provide a means for newly certified behavioral providers to receive evaluation and documentation on compliance with post-

program certification standards from an experienced provider using established procedures.

1. After completion of the qualified training program for IBT, the provider is certified for one (1) year.

2. To receive the specialty certificate after one (1) year to continue delivering IBT/FBT, the provider is required to complete clinical consultations with an experienced IBT/FBT provider in accordance with established procedures.

3. The qualified training program will provide those completing the program details on how to obtain a renewal specialist certification and a list of experienced eligible providers to provide consultation and review IBT/FBT competency.

4. Renewal of specialist certification for IBT/FBT will not be issued until the new provider receives documentation on compliance with certification standards from an experienced provider.]

[(4)](3) Participant Criteria. Any person who is determined eligible for *[Title XIX]* **MO HealthNet** benefits *[from]* by the Family Support Division and who also meets the following criteria shall be deemed eligible to receive these services:

(A) Be *[five (5) through twenty (20)]* under twenty-one (21) years of age for youth services or twenty-one (21) years of age or older for adult services;

(B) Not currently pregnant; **and**

(C) Be obese by meeting the following criteria:

1. For youth participants a body mass index (BMI) percentile equal to or greater than the ninety-fifth (95th) percentile for age and gender on the pediatric body mass index (BMI) chart $[\cdot]$; **and**

2. For adult participants a body mass index (BMI) equal to or greater than thirty (30) $[\cdot]$ **and**.

[(D) Not concurrently receiving authorization for other MO HealthNet reimbursed weight reduction services.]

[(5)](4) Biopsychosocial Treatment of Obesity Services.

(A) Biopsychosocial Treatment of Obesity Services provide *[integrated medical nutrition therapy and]* behavioral health and, whenever possible, adjunctive medical nutrition therapy services, coordinated by the primary care or referring physician, or other licensed practitioner of the healing arts, to facilitate behavior change(s) to manage obesity and associated co-morbidities. Biopsychosocial treatment of obesity *[for youth and adult participants]* requires a referral *[and a prescribed service in the participant's plan of care]* from a *[prescribing provider]* physician or other practitioner of the healing arts as part of an office visit for evaluation and management. *[The prescribing provider must obtain prior authorization from MO HealthNet before the participant starts receiving services. A prescribing provider is defined as a physician or other licensed practitioner of healing arts within the scope of authorized practice under State law.]*

1. Service structure for youth participants.

A. Biopsychosocial Treatment of Obesity Youth Services include a six (6) month period of intervention that allows a maximum of four (4) hours of individual IBT and twenty-two (22) hours of group IBT for a total of twenty-six (26) hours of IBT and one (1) hour and forty-five (45) minutes of MNT.

B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional

six (6) months of services.

C. Continuation Criteria for the youth participant months seven (7) through twelve (12) include the following:

(I) The youth participant must meet whichever is lesser of the three (3) youth benchmarks listed below, at the end of month six (6) of services—

(a) A decrease in their BMI chart percentile to less than the ninety-fifth (95th) percentile or five percent (5%) of body weight;

(b) The youth participants that had a BMI percentile at the beginning of treatment >99th percentile, shows a decrease of nine (9) units in percentage above the ninety-fifth (95th) percentile (as calculated by age and gender norms of the CDC BMI percentile curve); or

(c) Weight stabilization (defined as ± 0.5 BMI units); and

(II) If the youth participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s).

D. Continuation of Biopsychosocial Treatment of Obesity Youth services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT.

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the youth participant is twenty-nine (29) hours for IBT and two (2) hours and fifteen (15) minutes for MNT.

2. Service structure for adult participants—

A. Biopsychosocial Treatment of Obesity Adult Services include a six (6) month period of intervention that allows a maximum of three (3) hours of individual behavior therapy and nine (9) hours of group behavior therapy for a total of twelve (12) hours of behavior therapy and one (1) hour forty-five (45) minutes of MNT;

B. Upon completion of the six (6) month period of services, the dietitian and behavioral health provider shall make recommendations to the prescribing provider regarding continuation of services based on the continuation criteria set forth by MO HealthNet. The prescribing provider shall make the final determination for the participant to continue with the services based on the participant meeting the continuation criteria and shall request prior authorization for the additional six (6) months of services;

C. Continuation Criteria for the adult participant months seven (7) through twelve (12) include the following:

(I) The adult participant must meet the adult benchmark of a reduction in body weight of five percent (5%) at the end of month six (6) of services; and

(II) If the adult participant does not meet the weight loss threshold, the prescribing provider shall perform the necessary lab work to rule out the presence of other conditions (e.g. endocrine disorders) that may complicate efforts to reduce weight, and if present, should request to continue with biopsychosocial treatment with medical treatment for the identified condition(s);

D. Continuation of Biopsychosocial Treatment of Obesity Adult services for months seven (7) through twelve (12) include an additional one (1) hour of individual IBT and two (2) hours of group IBT for a maximum of three (3) hours of IBT; and an additional thirty (30) minutes of MNT;

E. Providers are able to structure the services in order to meet the individual needs of the participant within the maximum allowable service structure. The total annual limit for services for the adult participants is fifteen (15) hours for behavior therapy and two (2) hours fifteen (15) minutes for medical nutritional therapy; and

F. If the participant does not notify the provider of absences and has missed two (2) or more sessions, the provider may reevaluate the need for further services.

(B) A participant that is unable to meet the continuation criteria for the additional six (6) months of Biopsychosocial Treatment of Obesity services has the option, after twelve (12) months, to re-enroll for services if the participant meets the established criteria and has an approved prior authorization.]

1. The youth benefit includes a twelve- (12-) month period of intervention with a maximum of –

- A. Four (4) hours of individual IBT;
- B. Twenty-four (24) hours of group IBT; and
- C. Two (2) hours and fifteen (15) minutes of MNT.

2. If the youth is not making adequate progress with weight loss or weight stabilization, the IBT provider shall consult with the referring provider who shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorder) that may complicate weight management and, if present, shall treat the medical condition while the youth continues to participate in the biopsychosocial treatment.

3. The adult benefit includes a twelve- (12-) month period of intervention with a maximum of –

- A. Four (4) hours of individual IBT;
- B. Eleven (11) hours of group IBT; and
- C. Two (2) hours and fifteen (15) minutes of MNT.

4. If the adult is not making adequate progress with weight loss, the IBT provider shall consult with the referring provider who shall perform the necessary lab work to rule out the presence of other conditions (e.g., endocrine disorder) that may complicate efforts to reduce weight and, if present, shall treat the medical condition while the adult continues to participate in the biopsychosocial treatment.

[(6)](5) Documentation Requirements for Biopsychosocial Treatment of Obesity.

(A) The participant's treatment record shall contain the following documentation, at a minimum:

1. The referring provider's referral [with approval from MO HealthNet for months one (1) through six (6) of services];

2. The medical nutritional assessment completed by the dietitian, if participant is receiving MNT services;

3. The initial behavioral assessment completed by the behavioral health [provider] practitioner;

4. Progress notes that include the following information from each visit:

A. A measured weight and calculated BMI for adult participants or BMI percentile for youth participants;

B. Progress the youth/parent/participant is making towards weight [loss] management goals;

C. Challenges (e.g., social determinants) the participant is facing and proposed solutions;

D. Recommendations for treatment/care plans; and

E. Collaborative efforts between the providers delivering primary care[,] MNT, if applicable; and IBT;

[5. The documented evaluation by the dietitian, behavioral health provider, and referring provider at the end of six (6) months to determine the appropriateness for continuation of services. This should include documented progress towards

weight loss goals, a desire to continue receiving services, and confirmation of met continuation criteria;

6. If applicable the referring provider's referral with approval from MO HealthNet for months seven (7) through twelve (12) of services;

7. Final evaluation at the end of the twelve (12) month period including documented metabolic, social, and behavior change endpoints and identified barriers to maintaining weight loss if the participant qualified for continuation of services; and

8. Once services are completed, the prescribing provider shall maintain a treatment record, incorporating recommendations provided by the dietitian and behavioral health provider as appropriate, which outlines how the participant will maintain the weight loss.]

[(B)]5. [The behavioral health provider and dietitian must complete a six (6) month evaluation and the] A final evaluation report detailing the [amount] extent of weight [lost] loss or weight stabilization over the treatment period, progress with metabolic, social, and behavior change endpoints, challenges to maintaining weight loss, and any future recommendations for maintaining [the weight loss] a healthy body weight in the context of identified challenges. [Both] The evaluation[s] shall be shared with the referring provider [and will become part of the treatment record. The referring provider may incorporate these recommendations and considerations into ongoing care planning and patient management.]

(7)(6) Reimbursement Methodology.

(A) MO HealthNet provides reimbursement to enrolled [providers providing] practitioners delivering biopsychosocial treatment of obesity for youth and adults and who are currently licensed, certified, and in good standing with the state.

(B) Reimbursement for services is made on a fee-for-services basis. The maximum allowable fee for a unit of service has been determined by MO HealthNet to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service. [Reimbursement shall only be made for services authorized by MO HealthNet or its designee.]

AUTHORITY: sections 208.201 and 660.017, RSMo 2016, and section 208.152, RSMo Supp. [2020] 2024. Original rule filed Aug. 27, 2020, effective March 30, 2021. Amended: Filed March 10, 2025.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30 – Division of Regulation and Licensure Chapter 30 – Ambulatory Surgical Centers and Abortion Facilities

PROPOSED RULE

19 CSR 30-30.062 Complication Plans for Certain Drug- and Chemically Induced Abortions

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

(1) For purposes of this rule, the following terms mean –

(A) **Abortion** – The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) **Abortion facility** – Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) **Complication** – Includes but is not limited to incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) **Department** – The Missouri Department of Health and Senior Services (DHSS);

(E) **Drug** – A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) **Local area** – The area within a twenty-five- (25-) mile radius of the location where the physician dispenses the abortion producing drug.

(G) **OB/GYN** –

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG), or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate, or who is in an ABOG approved residency; and

(H) **Physician** – A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) **Complication plans for certain drug- and chemically induced abortions.**

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity

of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Each abortion facility shall confirm with the patient the location where the patient will complete the drug-induced abortion. Complication plans shall provide for situations when the patient will complete the abortion in the local area as specified in section (3) and situations where the patient will complete the abortion outside the local area as specified in section (4).

(3) Complication plans for facilities that provide drug-induced abortions to ten (10) or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications or, in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than seven (7) days after the most recent chemically induced abortion.

(B) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(C) An OB/GYN who is a staff member or consultant to the abortion facility may have a written agreement to treat complications under a complication plan.

(D) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall—

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat the patient;

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication; and

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(E) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(F) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo, and ensure that it

is submitted to the department.

(G) The abortion facility shall ensure that before discharge every patient from the local area who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(H) An abortion facility may request a waiver to the requirement that an OB/GYN or OB/GYN group be on call to treat complications. If an abortion facility cannot contract with an OB/GYN or OB/GYN group to provide treatment for abortion-pill complications, the abortion facility must request to contract with another qualified physician or physician group to fulfill the requirements in section (3) of this rule. The waiver request shall include—

1. An explanation of the abortion facility's recent, unsuccessful efforts to contract with an OB/GYN or OB/GYN group. The explanation shall include the OB/GYN or OB/GYN groups that were contacted and the date they were contacted;

2. The name of the physician or physician group that will provide treatment for complications instead of the OB/GYN or OB/GYN group;

3. An explanation of how the physician or physician group is qualified to address complications to a similar degree as an OB/GYN; and

4. A statement that the physician will comply with all of the requirements in section (3) of this rule that would normally be fulfilled by an OB/GYN or OB/GYN group.

(4) Complication plans for all facilities for drug-induced abortions for patients outside the local area.

(A) Every complication plan shall include provisions for patients who will complete the abortion outside of the abortion facility's local area. When a physician determines that a patient will complete the abortion outside the local area, the complication plan shall require that the physician do the following:

1. Identify the patient's primary care physician or OB/GYN. If the patient does not have a primary care physician or OB/GYN, the physician shall identify an OB/GYN within a reasonable distance of the location where the patient will complete the abortion;

2. Identify the closest emergency room to the location where the patient will complete the abortion and to the patient's home, if that is a different location;

3. Inform the patient about the steps to take in the event the patient has complications from the abortion. The physician shall explain the possible complications from abortion inducing drugs as set out on the United States Food and Drug Administration's approved label for the abortion-inducing drug and explain that the FDA has recognized that up to four and six-tenths percent (4.6%) of women receiving chemically induced abortions have sought treatment at an emergency room;

4. Provide the patient with a letter describing the patient's relevant medical history and prescribed medications, including all medications prescribed to induce the abortion, to present to the patient's local OB/GYN practice or emergency room in the event the patient suffers complications. The letter must include the prescribing physician's name and contact information, information about the abortion drugs prescribed, and an overview of the patient's relevant medical history;

5. If complications occur, the prescribing physician must attempt to contact the treating physician or patient as soon as reasonably possible after learning about the complication in order to fully brief the treating physician on the patient's

relevant medical history. If the prescribing physician is unable to contact the treating physician within eight (8) hours, the prescribing physician may leave a message and contact information at the facility where the patient is being treated; and

6. The physician who prescribed the abortion-inducing drugs must take all reasonable measures to follow up with any patient who has suffered complications from an abortion-inducing drug within twenty-four (24) hours of learning of the complication. If the physician is unable to contact the patient within twenty-four (24) hours, he or she must continue to attempt to contact the patient once a day for an additional seventy-two (72) hours. If the physician is unable to contact the patient after ninety-six (96) hours, the physician must document the attempts to contact the patient and the reason for the inability to schedule the follow-up appointment. The follow-up appointment may be in person or via a telehealth visit.

(B) If the prescribing physician does not treat a patient's complications, the prescribing physician shall explain to the physician treating a patient's complication the need to prepare a complication report as required by section 188.052, RSMo, and ensure that it is submitted to the department.

(5) Submission of complication plans to the department.

(A) The physician or abortion facility shall submit complication plans to the department for approval in writing. In addition to the plan, the physician or abortion facility shall provide at least the following information in writing:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN or other physician who will provide complication coverage for patients in the local area or, if an OB/GYN or other physician group will provide coverage, the full legal name of the group and the full name of each OB/GYN or other physician who is part of the group;

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention;

4. Documents establishing that each OB/GYN who will provide complication coverage for patients in the local area under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, subject to the exception in the waiver described in subsection (3)(H) of this rule; and

5. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage for patients in the local area, subject to the waiver in subsection (3)(H) of this rule. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(B) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN or physician coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a

new or revised complication plan has been submitted to and approved by the department in writing.

(C) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

(6) The department will assess whether to rescind this rule if the preliminary injunction prohibiting enforcement of 19 CSR 30-30.061 is lifted.

AUTHORITY: section 188.021, RSMo Supp. 2024. Emergency rule filed March 13, 2025, effective March 27, 2025, expires Sept. 22, 2025. Original rule filed March 13, 2025.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities between zero (0) and \$2,053,125 annually.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Department of Health and Senior Services, ATTN: Office of General Counsel, PO Box 570, Jefferson City, MO 65102-0570, or via email at rules@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

FISCAL NOTE
PRIVATE COST

I. Department title: Health and Senior Services
Division title: Regulation and Licensure
Chapter title: Ambulatory Surgical Centers and Abortion Facilities

Rule number/name:	19 CSR 30-30.062 / Complication Plans for Certain Drug- and Chemically- Induced Abortions
Type of rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class that would likely be affected by adoption of the rule:	Classification by type(s) of the business entities that would likely be affected by adoption of the rule:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
0-9	Abortion Facilities, as that term is defined in section 188.015, RSMo, providing drug-induced abortions to 10 or more women a month in the local area	\$0 - \$2,053,125 per year

III. WORKSHEET

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

19 CSR 30-30.062(3) Complication plans for facilities that provide drug-induced abortions to 10 or more women a month in the local area.

(A) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility for patients in the local area. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications. A facility need not have an on-call OB/GYN available more than 7 days after the most recent chemically induced abortion.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is \$228,125. See assumptions below for more information about this amount.

Total annual cost across providers:

Min = \$228,125 per year x 0 medication abortion providers = \$0 per year
Max = \$228,125 per year x 9 medication abortion providers = \$2,053,125 / year

IV. ASSUMPTIONS

1. No cost is calculated for the development of complication plans required by section 188.015, RSMo as policy and procedure development is assumed to be part of the daily responsibilities of a facility administrator.
2. Planned Parenthood is the only provider known in Missouri at this time that desires to provide medication abortion services. There are nine (9) Planned Parenthood locations in Missouri. It is unknown how many of those facilities will provide medication abortions and therefore be required to comply with this rule. Due to that variable, the estimate of the number of entities affected by adoption of this rule is 0-9.
3. If no providers in Missouri choose to provide medication abortions, the aggregate cost of compliance with this rule will be \$0 per year.
4. 19 CSR 30-30.061 was filed in 2017 and cited an annual cost for 24/7 on-call OB/GYN services of \$182,500 per facility. Physician Side Gigs notes a roughly 25% increase in OB/GYN salaries from 2018-2023. See <https://www.physiciansidegigs.com/average-obgyn-salary>. Based on this information, the average annual cost of on call services is assumed to be \$228,125 per year.
5. The rule does allow for the use of non-OB/GYNs for on-call services in limited circumstances if no OB/GYN or OB/GYN group can be contracted. This variable will not impact the fiscal note because it is assumed that the cost of non-specialty providers will be less than the cost of OB/GYNs.
6. The total cost as calculated here is not reflective of a true cost increase to private entities. The existing regulation, 19 CSR 30-30.061, imposes stricter requirements on private entities that perform abortions. Because this is a new rule, this fiscal note does not take into account the costs that abortion facilities were already incurring to comply with 19 CSR 30-30.061. It is therefore likely that this rule will result in minimal, if any, actual realized cost increase for abortion providers. It may result in a cost decrease because it imposes fewer obligations on abortion facilities than the regulation it temporarily replaces.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order or rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted that has been changed from the text contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments that are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

TITLE 13 – DEPARTMENT OF SOCIAL SERVICES Division 70 – MO HealthNet Division Chapter 15 – Hospital Program

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201 and 660.017, RSMo 2016, and sections 208.152 and 208.153, RSMo Supp. 2024, the division amends a rule as follows:

13 CSR 70-15.160 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 2, 2024 (49 MoReg 1809-1815). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received one (1) comment on the proposed amendment.

COMMENT #1: Fatimah Jennings, with the Missouri Department of Social Services, MO HealthNet Division, submitted a request to remove language at (1)(A)13. and (1)(D)7., update the incorporation date for the OSFS to December 3, 2024, and adjust punctuation on remaining text due to these edits.

RESPONSE AND EXPLANATION OF CHANGE: MO HealthNet Division removed language at (1)(A)13. and (1)(D)7., updated the incorporation date for the OSFS to December 3, 2024, and adjusted punctuation on the remaining text due to these edits.

Changes have been made to the amendment as a result of this comment.

13 CSR 70-15.160 Outpatient Hospital Services Reimbursement Methodology

(1) *Outpatient Simplified Fee Schedule (OSFS) Payment Methodology.*

(A) Definitions. The following definitions will be used in administering section (1) of this rule:

1. Ambulatory Payment Classification (APC). Medicare's ambulatory payment classification assignment groups of Current Procedural Terminology (CPT) or Healthcare Common Procedures Coding System (HCPCS) codes. APCs classify and group clinically similar outpatient hospital services that can be expected to consume similar amounts of hospital resources. All services within an APC group have the same relative weight used to calculate the payment rates;

2. APC conversion factor. The unadjusted national conversion factor calculated by Medicare effective January 1 of each year, as published with the Medicare Outpatient Prospective Payment System (OPPS) Final Rule, and used to convert the APC relative weights into a dollar payment. The Medicare OPPS Final Rule is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 8, 2023. This rule does not incorporate any subsequent amendments or additions;

3. APC relative weight. The national relative weights calculated by Medicare for the Outpatient Prospective Payment System;

4. Current Procedural Terminology (CPT). A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations;

5. Dental procedure codes. The procedure codes found in the Code on Dental Procedures and Nomenclature (CDT), a national uniform coding method for dental procedures maintained by the American Dental Association;

6. Federally Deemed Critical Access Hospital. Hospitals that meet the federal definition found in 42 *Code of Federal Regulations* (CFR) 485.606(b), which is incorporated by reference in this rule as published by U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402, October 1, 2023, and available at <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol5/pdf/CFR-2023-title42-vol5.pdf>. This rule does not incorporate any subsequent amendments or additions.

7. HCPCS. The national uniform coding method maintained by the Centers for Medicare & Medicaid Services (CMS) that incorporates the American Medical Association (AMA) Physicians CPT and the three (3) HCPCS unique coding levels I, II, and III;

8. Medicare Inpatient Prospective Payment System (IPPS) wage index. The wage area index values are calculated annually by Medicare, published as part of the Medicare IPPS Final Rule;

9. Missouri conversion factor. The single, statewide conversion factor used by the MO HealthNet Division (MHD) to determine the APC-based fees, uses a formula based on Medicare OPPS. The formula consists of sixty percent (60%) of the APC conversion factor, as defined in paragraph (1)(A)2, multiplied by the St. Louis, MO, Medicare IPPS wage index value, plus the remaining forty percent (40%) of the APC conversion factor, with no wage index adjustment;

10. Nominal charge provider. A nominal charge provider

is determined from the third prior year audited Medicaid cost report. The hospital must meet the following criteria:

A. A public non-state governmental acute care hospital with a low-income utilization rate (LIUR) of at least twenty percent (20%) and a Medicaid inpatient utilization rate (MIUR) greater than one (1) standard deviation from the mean, and is licensed for fifty (50) inpatient beds or more and has an occupancy rate of at least forty percent (40%). The hospital must meet one (1) of the federally mandated Disproportionate Share qualifications; or

B. The hospital is a public hospital operated by the Department of Mental Health primarily for the care and treatment of mental disorders; and

C. A hospital physically located in the state of Missouri;

11. Outpatient Prospective Payment System (OPPS). Medicare's hospital outpatient prospective payment system mandated by the Balanced Budget Refinement Act of 1999 (BBRA) and the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Benefits Improvement and Protection Act of 2000 (BIPA); and

12. Payment level adjustment. The percentage applied to the Medicare fee to derive the OSFS fee.

(D) Fee schedule methodology. Fees for outpatient hospital services covered by the MO HealthNet program are determined by the HCPCS procedure code at the line level and the following hierarchy:

1. The APC relative weight or payment rate assigned to the procedure in the Medicare OPPS *Addendum B* is used to calculate the fee for the service, with the exception of the hospital observation per hour fee which is calculated based on the method described in subparagraph (1)(D)1.B. Fees derived from APC weights and payment rates are established using the Medicare OPPS *Addendum B* effective as of January 1 of each year as published by the CMS for Medicare OPPS. The Medicare OPPS *Addendum B* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 22, 2023. This rule does not incorporate any subsequent amendments or additions.

A. The fee is calculated using the APC relative weight times the Missouri conversion factor. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee.

B. The hourly fee for observation is calculated based on the relative weight for the Medicare APC (using the Medicare OPPS *Addendum A* effective as of January 1 of each year as published by the CMS for Medicare OPPS), which corresponds with comprehensive observation services multiplied by the Missouri conversion factor divided by forty (40), the maximum payable hours by Medicare. The resulting amount is then multiplied by the payment level adjustment of ninety percent (90%) to derive the OSFS fee. The Medicare OPPS *Addendum A* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 4, 2024. This rule does not incorporate any subsequent amendments or additions.

C. For those APCs with no assigned relative weight, ninety percent (90%) of the Medicare APC payment rate is used as the fee;

2. If there is no APC relative weight or APC payment rate established for a particular service in the Medicare OPPS *Addendum B*, then the MHD approved fee will be ninety percent (90%) of the rate listed on other Medicare fee schedules, effective as of January 1 of each year: Clinical Laboratory Fee Schedule; Physician Fee Schedule; and Durable Medical

Equipment Prosthetics/Orthotics and Supplies Fee Schedule, applicable to the outpatient hospital service.

A. The Medicare *Clinical Laboratory Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 11, 2024. This rule does not incorporate any subsequent amendments or additions.

B. The Medicare *Physician Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, January 11, 2024. This rule does not incorporate any subsequent amendments or additions.

C. The Medicare *Durable Medical Equipment Prosthetics/Orthotics and Supplies Fee Schedule* is incorporated by reference and made a part of this rule as published by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244, December 22, 2023. This rule does not incorporate any subsequent amendments or additions;

3. Fees for dental procedure codes in the outpatient hospital setting are calculated based on thirty-eight and one half percent (38.5%) of the fiftieth percentile fee for Missouri reflected in the 2023 *National Dental Advisory Service* (NDAS). The 2023 NDAS is incorporated by reference and made a part of this rule as published by Wasserman Medical & Dental, PO Box 510949, Milwaukee, WI 53203, December 28, 2023. This rule does not incorporate any subsequent amendments or additions;

4. If there is no APC relative weight, APC payment rate, other Medicare fee schedule rate, or NDAS rate established for a covered outpatient hospital service, then a MO HealthNet fee will be determined using the MHD *Dental, Medical, Other Medical or Independent Lab-Technical Component* fee schedules.

A. The MHD *Dental Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

B. The MHD *Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

C. The MHD *Other Medical Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions.

D. The MHD *Independent Lab-Technical Component Fee Schedule* is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, May 13, 2024. This rule does not incorporate any subsequent amendments or additions;

5. In-state federally deemed critical access hospitals will receive an additional forty percent (40%) of the rate as determined in paragraph (1)(B)2. for each billed procedure code; and

6. Nominal charge providers will receive an additional forty percent (40%) of the rate as determined in paragraph (1)

(B)2. for each billed procedure code.

TITLE 15 – ELECTED OFFICIALS
Division 50 – Treasurer
Chapter 5 – Missouri Empowerment Scholarship
Accounts Program

ORDER OF RULEMAKING

By the authority vested in the treasurer under section 135.719, RSMo Supp. 2024, the treasurer amends a rule as follows:

15 CSR 50-5.020 Missouri Empowerment Scholarship
Accounts Program is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1893-1894). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. Three (3) comments were received related to this amendment.

COMMENT #1: Jean Evans with the American Federation for Children submitted comments and two proposals related to this amendment. The first proposal is that the rule be amended by striking the requirement of “full” accreditation. The second proposal is that the background check requirement for family paced education schools only apply when children are educated outside the immediate family and this requirement should only be applied to adults present during the education day.

RESPONSE: These proposals are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

COMMENT #2: Aiden Fleming with the “yes. every kid. foundation.” submitted comments and two recommendations related to this rule. The first proposal is that the rule be amended by striking the requirement for accreditation and adopting by reference section 166.700, RSMo Supp. 2024. The second proposal is that the background check requirement for family paced education schools only apply when children are educated outside the immediate family and this requirement should only be applied to adults present during the education day.

RESPONSE: These proposals are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

COMMENT #3: Gary Hollis and Camellia Peterson with Americans for Prosperity – Missouri submitted two recommendations related to this rule. The first recommendation is to remove the accreditation requirement placed on schools in 15 CSR 50-5.020. The second recommendation is to remove the requirement that the state treasurer's office conduct a review of the criminal history records for every adult who resides in a Family Paced Education (FPE) student's home.

RESPONSE: These recommendations are beyond the scope of the proposed amendment and therefore cannot be addressed at this time. No changes have been made as a result of this comment.

TITLE 15 – ELECTED OFFICIALS
Division 50 – Treasurer
Chapter 5 – Missouri Empowerment Scholarship
Accounts Program

ORDER OF RULEMAKING

By the authority vested in the treasurer under section 135.719, RSMo Supp. 2024, the treasurer amends a rule as follows:

15 CSR 50-5.030 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1894-1895). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. Six (6) entities commented on the tax credits related to the statutory language in favor of removing said language from the rule. The summary of comments has been consolidated into one comment containing all persons or entities involved.

COMMENT: Michael Dierberg with Today & Tomorrow Educational Foundation, Jean Evans with the American Federation for Children, Peter A. Franzen with Children's Education Alliance of Missouri, Nicolette Gibson with Missouri Chapter of the Council for American Private Education, Gary Hollis and Camellia Peterson with Americans for Prosperity – Missouri, and Nathan Sanders with EdChoice each submitted comments concluding that the proposed amendment is contrary to expressed statutory language that created a \$75 million cap in tax credits and recommends removing “Such annual adjustments shall cease when the amount of tax credits reaches seventy-five (75) million dollars annually.”

RESPONSE AND EXPLANATION OF CHANGE: Section (2) will be changed by deleting the final sentence.

15 CSR 50-5.030 Tax Credit Program

(2) Annual Adjustment. Beginning December 1, 2022, and by December 1 each year thereafter, the treasurer shall adjust the cumulative amount of tax credits that may be allocated to all taxpayers contributing to educational assistance organizations in the next calendar year as provided by statute. Each annual adjustment shall be effective January 1 of the next calendar year.

TITLE 15 – ELECTED OFFICIALS
Division 50 – Treasurer
Chapter 5 – Missouri Empowerment Scholarship
Accounts Program

ORDER OF RULEMAKING

By the authority vested in the treasurer under section 135.719,
RSMo Supp. 2024, the treasurer amends a rule as follows:

15 CSR 50-5.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 16, 2024 (49 MoReg 1895). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The public comment period ended Wednesday, January 15, 2025. One (1) comment was received related to this amendment.

COMMENT: Nathan Sanders with EdChoice submitted comments that the proposed amendment to 15 CSR 50-5.050(17) uses the wrong limit for the number of certified educational assistance organizations that can be approved annually.

RESPONSE AND EXPLANATION OF CHANGE: The relevant proposed deletion of ten (10) and change to seven (7) contained in section (17) of the proposed amendment will be abandoned.

15 CSR 50-5.050 Educational Assistance Organizations

(17) Number of Certified Educational Assistance Organizations. The treasurer shall limit the number of certified educational assistance organizations to no more than ten (10) in any single school year, with no more than seven (7) having their principal place of business in any one (1) of the following entities: Greene County, Jackson County, St. Charles County, St. Louis County, or St. Louis City. An educational assistance organization will be evaluated based on experience, geographic coverage pertaining to eligible students it can serve, readiness to award scholarship grants, and the organization's anticipated administrative expenses. All decisions regarding certification are final.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in an editable electronic file manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST ARISTOCRAT CUSTOM REMODELING AND CONSULTING, LLC

On March 4, 2025, ARISTOCRAT CUSTOM REMODELING AND CONSULTING, LLC, a Missouri LLC (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date. Claims against the Company shall be mailed to:

Denker Law Firm LLC
229 SE Douglas, Ste 210
Lee's Summit, MO 64063

Claims must include:

- 1) The name, address, and phone number of the claimant;
- 2) The amount being claimed;
- 3) The date on which the claim arose;
- 4) The basis for the claim; and
- 5) All documentation to support the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last publication of the notice.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST THE RICHARD AND MARGARET MCBRIDE FOUNDATION

On March 3, 2025, THE RICHARD AND MARGARET MCBRIDE FOUNDATION, a Missouri nonprofit corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution plan executed and effective February 11, 2025. Said nonprofit corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation at:

THE RICHARD AND MARGARET MCBRIDE FOUNDATION
Attn: Margaret McBride
58 Seascape Drive
Palm Coast, FL 32137
and/or
Attn: Anthony J. Soukenik, Esq.
c/o Sandberg Phoenix & Von Gontard P.C.
120 S Central Ave. Suite 1600
St. Louis, MO 63105

All claims must include:

- 1) The name and address of the claimant;
- 2) The amount claimed;
- 3) The basis for the claim; and
- 4) The date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Because of the dissolution of THE RICHARD AND MARGARET MCBRIDE FOUNDATION, any claims against it will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the publication date of the notices authorized by statute, whichever is published last.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST GREENSFELDER, HEMKER & GALE, P.C.

On February 27, 2025, Greensfelder, Hemker & Gale, P.C., a Missouri professional corporation, (the "Company"), filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. All persons and organizations who have claims against the Company should mail such claims by letter to:

UB Greensfelder LLP
Attn: Vincent Garozzo
10 S. Broadway, Suite 2000
St. Louis, MO 63102

All claims must include:

- 1) The claimant's name, address, and telephone number;
- 2) The amount of claim;
- 3) The date(s) claim accrued (or will accrue);
- 4) A brief description of the nature of the debt or the basis for the claim;
- 5) Any documentation of claim; and
- 6) if the claim is secured, and if so, the collateral used as security.

NOTICE: all claims against the Company will be barred unless a proceeding to enforce the claim is commenced within two (2) years after the date of publication of this notice.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS AGAINST FOUR-R INVESTMENTS, INC

On February 24, 2025, FOUR-R INVESTMENTS, INC. filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. The dissolution was effective February 24, 2025. You are hereby notified that if you believe you have a claim against FOUR-R INVESTMENTS, INC., you must submit a summary in writing of the circumstances surrounding your claim to:

the corporation
c/o Christopher A. Raineri
17111 Hidden Valley Forest Drive
Eureka, MO 63025

The summary of your claim must include the following information:

- 1) The name, address, and telephone number of the claimant;
- 2) The amount of the claim;
- 3) The date on which the event on which the claim is based occurred; and
- 4) A brief description of the nature of the debt or the basis for the claim.

All claims against FOUR-R INVESTMENTS, INC. will be barred unless the proceeding to enforce the claim is commenced within two years after publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year – 49 (2024) and 50 (2025). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
OFFICE OF ADMINISTRATION					
1CSR 10	State Officials' Salary Compensation Schedule				47 MoReg 1457
DEPARTMENT OF AGRICULTURE					
2 CSR 30-1.020	Animal Health	50 MoReg 333	50 MoReg 364		
2 CSR 30-10.010	Animal Health	50 MoReg 336	50 MoReg 367		
2 CSR 80-2.001	State Milk Board	49 MoReg 1571	50 MoReg 381		
2 CSR 80-2.002	State Milk Board	49 MoReg 1571	50 MoReg 381		
2 CSR 80-2.004	State Milk Board	49 MoReg 1572	50 MoReg 381		
2 CSR 80-2.005	State Milk Board	This Issue			
2 CSR 80-5.010	State Milk Board	49 MoReg 1493	50 MoReg 381		
2 CSR 90-30.040	Weights, Measures and Consumer Protection	49 MoReg 1441	50 MoReg 382		
2 CSR 90-60.020	Weights, Measures and Consumer Protection	50 MoReg 291			
2 CSR 90-60.050	Weights, Measures and Consumer Protection	50 MoReg 292			
2 CSR 90-61.070	Weights, Measures and Consumer Protection	50 MoReg 292			
2 CSR 90-61.080	Weights, Measures and Consumer Protection	50 MoReg 293			
2 CSR 90-65.040	Weights, Measures and Consumer Protection	50 MoReg 293			
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.135	Conservation Commission	50 MoReg 294			
3 CSR 10-4.140	Conservation Commission	50 MoReg 294			
3 CSR 10-5.205	Conservation Commission	50 MoReg 414			
3 CSR 10-5.560	Conservation Commission				50 MoReg 121
3 CSR 10-5.710	Conservation Commission	49 MoReg 1493	50 MoReg 109		
3 CSR 10-6.415	Conservation Commission	49 MoReg 1495	50 MoReg 109		
3 CSR 10-6.535	Conservation Commission	49 MoReg 1495	50 MoReg 109		
3 CSR 10-6.550	Conservation Commission	49 MoReg 1496	50 MoReg 109		
3 CSR 10-7.410	Conservation Commission	49 MoReg 1496	50 MoReg 110		
3 CSR 10-7.412	Conservation Commission	49 MoReg 1496	50 MoReg 110		
3 CSR 10-7.431	Conservation Commission	50 MoReg 295			
3 CSR 10-7.450	Conservation Commission	49 MoReg 1497	50 MoReg 110		
3 CSR 10-7.455	Conservation Commission				50 MoReg 110
3 CSR 10-7.700	Conservation Commission	50 MoReg 415			
3 CSR 10-7.705	Conservation Commission	49 MoReg 1497	50 MoReg 111		
3 CSR 10-7.710	Conservation Commission	49 MoReg 1498	50 MoReg 111		
3 CSR 10-7.900	Conservation Commission	49 MoReg 793	49 MoReg 1305		
3 CSR 10-9.565	Conservation Commission	49 MoReg 1500	50 MoReg 111		
3 CSR 10-11.115	Conservation Commission	49 MoReg 1502	50 MoReg 112		
3 CSR 10-11.120	Conservation Commission	50 MoReg 416			
3 CSR 10-11.130	Conservation Commission	50 MoReg 416			
3 CSR 10-11.135	Conservation Commission	50 MoReg 417			
3 CSR 10-11.180	Conservation Commission	49 MoReg 1502	50 MoReg 112		
		50 MoReg 417			
3 CSR 10-11.186	Conservation Commission	49 MoReg 1503	50 MoReg 112		
3 CSR 10-11.205	Conservation Commission	49 MoReg 1504	50 MoReg 112		
		50 MoReg 418			
3 CSR 10-12.109	Conservation Commission	50 MoReg 418			
3 CSR 10-12.110	Conservation Commission	49 MoReg 1504	50 MoReg 112		
		50 MoReg 419			
3 CSR 10-12.115	Conservation Commission	50 MoReg 419			
3 CSR 10-12.125	Conservation Commission	50 MoReg 420			
3 CSR 10-12.130	Conservation Commission	50 MoReg 15	50 MoReg 440		
3 CSR 10-12.140	Conservation Commission	50 MoReg 420			
3 CSR 10-12.145	Conservation Commission	50 MoReg 421			
DEPARTMENT OF ECONOMIC DEVELOPMENT					
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 20-400.125	Division of Learning Services		49 MoReg 1391	50 MoReg 300	
5 CSR 20-400.440	Division of Learning Services		This Issue		
5 CSR 20-400.500	Division of Learning Services		50 MoReg 72		
5 CSR 20-400.530	Division of Learning Services		50 MoReg 74		
5 CSR 20-400.540	Division of Learning Services		50 MoReg 74		
5 CSR 20-400.550	Division of Learning Services		50 MoReg 75		
5 CSR 25-100.350	Office of Childhood		50 MoReg 15		
5 CSR 25-200.095	Office of Childhood	50 MoReg 277	50 MoReg 295		
5 CSR 30-660.090	Division of Financial and Administrative Services		49 MoReg 1504R	50 MoReg 301R	
DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT					
6 CSR 10-10.010	Commissioner of Education		49 MoReg 1891R	50 MoReg 440R	
			49 MoReg 1891	50 MoReg 440	
MISSOURI DEPARTMENT OF TRANSPORTATION					
7 CSR 10-4.020	Missouri Highways and Transportation Commission	49 MoReg 1699	49 MoReg 1704	50 MoReg 440	
7 CSR 10-15.010	Missouri Highways and Transportation Commission		50 MoReg 76		

RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
7 CSR 10-25.020	Missouri Highways and Transportation Commission		49 MoReg 1393	50 MoReg 301	
7 CSR 60-2.010	Highway Safety and Traffic Division	50 MoReg 65	50 MoReg 80		
7 CSR 60-2.030	Highway Safety and Traffic Division	50 MoReg 67	50 MoReg 81		

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**DEPARTMENT OF MENTAL HEALTH****DEPARTMENT OF NATURAL RESOURCES**

10 CSR 10-6.070	Director's Office	50 MoReg 145			
10 CSR 10-6.075	Director's Office	50 MoReg 149			
10 CSR 10-6.080	Director's Office	50 MoReg 150			
10 CSR 10-6.261	Director's Office	49 MoReg 1572	50 MoReg 477		
10 CSR 25-6.263	Hazardous Waste Management Commission	50 MoReg 16			
10 CSR 25-8.124	Hazardous Waste Management Commission	50 MoReg 20			
10 CSR 25-13.010	Hazardous Waste Management Commission	50 MoReg 27R			
10 CSR 90-2.070	State Parks	49 MoReg 1399	50 MoReg 194		
10 CSR 140-2.020	Division of Energy	49 MoReg 1400	50 MoReg 302		

DEPARTMENT OF PUBLIC SAFETY

11 CSR 40-2.025	Division of Fire Safety	49 MoReg 1505	50 MoReg 382		
11 CSR 40-6.020	Division of Fire Safety	49 MoReg 1505	50 MoReg 382		
11 CSR 40-6.025	Division of Fire Safety	49 MoReg 1506	50 MoReg 382		
11 CSR 40-6.031	Division of Fire Safety	49 MoReg 1506	50 MoReg 382		
11 CSR 40-6.033	Division of Fire Safety	49 MoReg 1509	50 MoReg 382		
11 CSR 40-6.060	Division of Fire Safety	49 MoReg 1509	50 MoReg 383		
11 CSR 40-6.065	Division of Fire Safety	49 MoReg 1512	50 MoReg 383		
11 CSR 45-1.090	Missouri Gaming Commission	50 MoReg 82			
11 CSR 45-5.080	Missouri Gaming Commission	50 MoReg 84			
11 CSR 45-5.190	Missouri Gaming Commission	50 MoReg 85			
11 CSR 45-5.192	Missouri Gaming Commission	50 MoReg 86			
11 CSR 45-5.193	Missouri Gaming Commission	50 MoReg 87			
11 CSR 45-5.194	Missouri Gaming Commission	50 MoReg 88			
11 CSR 45-5.200	Missouri Gaming Commission	50 MoReg 89			
11 CSR 45-5.210	Missouri Gaming Commission	50 MoReg 94			
11 CSR 45-5.220	Missouri Gaming Commission	50 MoReg 96			
11 CSR 45-5.225	Missouri Gaming Commission	50 MoReg 97			
11 CSR 45-5.230	Missouri Gaming Commission	50 MoReg 98			
11 CSR 45-5.235	Missouri Gaming Commission	50 MoReg 99			
11 CSR 45-5.270	Missouri Gaming Commission	50 MoReg 100			
11 CSR 45-5.300	Missouri Gaming Commission	50 MoReg 100			
11 CSR 45-9.102	Missouri Gaming Commission	50 MoReg 101			
11 CSR 45-9.105	Missouri Gaming Commission	50 MoReg 104			
11 CSR 45-9.108	Missouri Gaming Commission	50 MoReg 104			
11 CSR 45-9.109	Missouri Gaming Commission	50 MoReg 104			
11 CSR 45-9.118	Missouri Gaming Commission	50 MoReg 105			
11 CSR 45-9.121	Missouri Gaming Commission	50 MoReg 105			
11 CSR 45-13.030	Missouri Gaming Commission	49 MoReg 1442	50 MoReg 302		
11 CSR 45-20.020	Missouri Gaming Commission	50 MoReg 421			
11 CSR 45-20.030	Missouri Gaming Commission	50 MoReg 423			
11 CSR 45-20.040	Missouri Gaming Commission	50 MoReg 424			
11 CSR 45-20.050	Missouri Gaming Commission	50 MoReg 428			
11 CSR 45-20.060	Missouri Gaming Commission	50 MoReg 428			
11 CSR 45-20.070	Missouri Gaming Commission	50 MoReg 429			
11 CSR 45-20.080	Missouri Gaming Commission	50 MoReg 430			
11 CSR 45-20.090	Missouri Gaming Commission	50 MoReg 431			
11 CSR 45-20.100	Missouri Gaming Commission	50 MoReg 435			
11 CSR 45-20.110	Missouri Gaming Commission	50 MoReg 436			
11 CSR 45-20.120	Missouri Gaming Commission	50 MoReg 438			
11 CSR 45-20.130	Missouri Gaming Commission	50 MoReg 439			
11 CSR 45-30.135	Missouri Gaming Commission	49 MoReg 1442	50 MoReg 302		
11 CSR 45-30.280	Missouri Gaming Commission	49 MoReg 1443	50 MoReg 302		
11 CSR 45-30.610	Missouri Gaming Commission	49 MoReg 1443	50 MoReg 303		
11 CSR 70-2.010	Division of Alcohol and Tobacco Control	49 MoReg 1345	50 MoReg 194		
11 CSR 70-2.020	Division of Alcohol and Tobacco Control	49 MoReg 1345	50 MoReg 194		
11 CSR 70-2.050	Division of Alcohol and Tobacco Control	49 MoReg 1346	50 MoReg 195Wd		
11 CSR 70-2.060	Division of Alcohol and Tobacco Control	49 MoReg 1346	50 MoReg 195		
11 CSR 70-2.120	Division of Alcohol and Tobacco Control	49 MoReg 1444	50 MoReg 383		
11 CSR 70-2.130	Division of Alcohol and Tobacco Control	49 MoReg 1575			
11 CSR 70-2.140	Division of Alcohol and Tobacco Control	49 MoReg 1347	50 MoReg 195		
11 CSR 70-2.240	Division of Alcohol and Tobacco Control	49 MoReg 1347	50 MoReg 196		
11 CSR 70-2.270	Division of Alcohol and Tobacco Control	49 MoReg 1349	50 MoReg 196		
11 CSR 85-1.060	Veterans Affairs	50 MoReg 150R			

DEPARTMENT OF REVENUE

12 CSR 10-2.155	Director of Revenue	49 MoReg 887			
12 CSR 10-24.060	Director of Revenue	49 MoReg 888			
12 CSR 10-24.420	Director of Revenue	49 MoReg 888			
12 CSR 10-24.440	Director of Revenue	49 MoReg 637R			
12 CSR 10-26.231	Director of Revenue	50 MoReg 336	50 MoReg 367		
12 CSR 10-41.010	Director of Revenue	50 MoReg 69	50 MoReg 105		

DEPARTMENT OF SOCIAL SERVICES

13 CSR 35-71.015	Children's Division	50 MoReg 27			
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RULE NUMBER	AGENCY	EMERGENCY	PROPOSED	ORDER	IN ADDITION
13 CSR 35-71.045	Children's Division		49 MoReg 1580	50 MoReg 385	
13 CSR 70-4.080	MO HealthNet Division		49 MoReg 1512	50 MoReg 385	
13 CSR 70-10.020	MO HealthNet Division	50 MoReg 337	50 MoReg 367		
13 CSR 70-15.010	MO HealthNet Division	49 MoReg 1329	49 MoReg 1804	50 MoReg 477	
13 CSR 70-15.160	MO HealthNet Division	49 MoReg 1760	49 MoReg 1809	This Issue	
13 CSR 70-20.030	MO HealthNet Division		49 MoReg 1444	50 MoReg 385	
13 CSR 70-20.045	MO HealthNet Division		49 MoReg 1816	50 MoReg 477	
13 CSR 70-20.047	MO HealthNet Division		49 MoReg 1513	50 MoReg 386	
13 CSR 70-20.075	MO HealthNet Division	50 MoReg 5	50 MoReg 29		
13 CSR 70-20.200	MO HealthNet Division		50 MoReg 151		
13 CSR 70-20.250	MO HealthNet Division		49 MoReg 1816	50 MoReg 477	
13 CSR 70-20.300	MO HealthNet Division		49 MoReg 1817	50 MoReg 478	
13 CSR 70-20.310	MO HealthNet Division		50 MoReg 153		
13 CSR 70-25.140	MO HealthNet Division		This Issue		
13 CSR 70-25.160	MO HealthNet Division	49 MoReg 1489	49 MoReg 1513	50 MoReg 386	
13 CSR 70-94.020	MO HealthNet Division	50 MoReg 465	50 MoReg 471		
13 CSR 70-98.015	MO HealthNet Division		49 MoReg 1444	50 MoReg 386	
ELECTED OFFICIALS					
15 CSR 30-51.169	Secretary of State	49 MoReg 1768	49 MoReg 1818		
15 CSR 30-51.170	Secretary of State	49 MoReg 1768	49 MoReg 1819		
15 CSR 30-51.172	Secretary of State	49 MoReg 1769	49 MoReg 1820		
15 CSR 30-51.174	Secretary of State	49 MoReg 1770	49 MoReg 1821		
15 CSR 50-5.020	Treasurer		49 MoReg 1893	This Issue	
15 CSR 50-5.030	Treasurer		49 MoReg 1894	This Issue	
15 CSR 50-5.050	Treasurer		49 MoReg 1895	This Issue	
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16 CSR 10-1.030	The Public School Retirement System of Missouri		49 MoReg 1708	50 MoReg 441	
16 CSR 10-1.040	The Public School Retirement System of Missouri		49 MoReg 1708	50 MoReg 441	
16 CSR 10-3.010	The Public School Retirement System of Missouri		49 MoReg 1708	50 MoReg 441	
16 CSR 10-5.010	The Public School Retirement System of Missouri		49 MoReg 1710	50 MoReg 441	
16 CSR 10-5.020	The Public School Retirement System of Missouri		49 MoReg 1712	50 MoReg 441	
16 CSR 10-6.020	The Public School Retirement System of Missouri		49 MoReg 1712	50 MoReg 442	
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19 CSR 30-1.002	Division of Regulation and Licensure	49 MoReg 1557	49 MoReg 1593	50 MoReg 387	
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20 CSR 2110-2.010	Missouri Dental Board		49 MoReg 1821	50 MoReg 388	
20 CSR 2110-2.050	Missouri Dental Board		49 MoReg 1822	50 MoReg 388	
20 CSR 2110-2.170	Missouri Dental Board		49 MoReg 1822	50 MoReg 388	
20 CSR 2145-2.090	Missouri Board of Geologist Registration		49 MoReg 1607	50 MoReg 388	
20 CSR 2150-4.201	State Board of Registration for the Healing Arts		50 MoReg 193		
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20 CSR 4240-10.095	Public Service Commission		49 MoReg 1364R	50 MoReg 307R	
20 CSR 4240-10.155	Public Service Commission		49 MoReg 1609	50 MoReg 478	
20 CSR 4240-10.165	Public Service Commission		49 MoReg 1613	50 MoReg 483	
20 CSR 4240-10.175	Public Service Commission		49 MoReg 1614	50 MoReg 484	
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20 CSR 4240-20.017	Public Service Commission		49 MoReg 1615R	50 MoReg 489R	
20 CSR 4240-40.015	Public Service Commission		49 MoReg 1616R	50 MoReg 489R	
20 CSR 4240-40.016	Public Service Commission		49 MoReg 1616R	50 MoReg 489R	
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22 CSR 10-2.020	Health Care Plan	49 MoReg 1771	49 MoReg 1825	50 MoReg 496
22 CSR 10-2.025	Health Care Plan	49 MoReg 1774	49 MoReg 1828	50 MoReg 496
22 CSR 10-2.046	Health Care Plan	49 MoReg 1775	49 MoReg 1828	50 MoReg 497
22 CSR 10-2.047	Health Care Plan	49 MoReg 1776	49 MoReg 1829	50 MoReg 497
22 CSR 10-2.053	Health Care Plan	49 MoReg 1777	49 MoReg 1829	50 MoReg 497
22 CSR 10-2.055	Health Care Plan	49 MoReg 1777	49 MoReg 1830	50 MoReg 497
22 CSR 10-2.075	Health Care Plan	49 MoReg 1783	49 MoReg 1836	50 MoReg 497
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22 CSR 10-2.090	Health Care Plan	49 MoReg 1785	49 MoReg 1837	50 MoReg 498
22 CSR 10-2.120	Health Care Plan		49 MoReg 1838	50 MoReg 498
22 CSR 10-2.140	Health Care Plan	49 MoReg 1786	49 MoReg 1838	50 MoReg 498
22 CSR 10-3.020	Health Care Plan	49 MoReg 1787	49 MoReg 1839	50 MoReg 498
22 CSR 10-3.055	Health Care Plan	49 MoReg 1789	49 MoReg 1841	50 MoReg 498
22 CSR 10-3.057	Health Care Plan	49 MoReg 1789	49 MoReg 1841	50 MoReg 499
22 CSR 10-3.058	Health Care Plan	49 MoReg 1795	49 MoReg 1847	50 MoReg 499
22 CSR 10-3.059	Health Care Plan	49 MoReg 1796	49 MoReg 1847	50 MoReg 499
22 CSR 10-3.075	Health Care Plan	49 MoReg 1796	49 MoReg 1847	50 MoReg 499
22 CSR 10-3.090	Health Care Plan	49 MoReg 1797	49 MoReg 1848	50 MoReg 499

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2 CSR 30-1.020	Laboratory Services and Fees	50 MoReg 333	Feb. 10, 2025..... Aug. 8, 2025
2 CSR 30-10.010	Inspection of Meat and Poultry.....	50 MoReg 336	Feb. 18, 2025..... Aug. 16, 2025
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Office of Childhood			
5 CSR 25-200.095	Child Care Hearings	50 MoReg 277	Jan. 23, 2025..... July 21, 2025
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Missouri Highways and Transportation Commission			
7 CSR 10-4.020	Relocation Assistance Program.....	49 MoReg 1699	Nov. 1, 2024..... April 29, 2025
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7 CSR 60-2.010	Definitions.....	50 MoReg 65	Jan. 1, 2025..... June 29, 2025
7 CSR 60-2.030	Standards and Specifications.....	50 MoReg 67	Jan. 1, 2025..... June 29, 2025
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Director of Revenue			
12 CSR 10-26.231	Maximum Dealer Administrative Fees	50 MoReg 336	Feb. 19, 2025..... Aug. 17, 2025
12 CSR 10-41.010	Annual Adjusted Rate of Interest	50 MoReg 69	Jan. 1, 2025..... June 29, 2025
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13 CSR 35-71.015	Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies	49 MoReg 1759	Nov. 7, 2024..... May 5, 2025
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13 CSR 70-10.020	Prospective Reimbursement Plan for Nursing Facility and HIV Nursing Facility Services	50 MoReg 337	Feb. 4, 2025..... Aug. 2, 2025
13 CSR 70-15.160	Outpatient Hospital Services Reimbursement Methodology.....	49 MoReg 1760	Oct. 30, 2024..... April 27, 2025
13 CSR 70-20.075	340B Drug Pricing Program	50 MoReg 5	Dec. 9, 2024..... June 6, 2025
13 CSR 70-94.020	Provider-Based Rural Health Clinic	50 MoReg 465	March 17, 2025..... Sept. 12, 2025
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15 CSR 30-51.169	Fraudulent Practices of Broker-Dealers and Agents	49 MoReg 1768	Nov. 6, 2024..... May 4, 2025
15 CSR 30-51.170	Dishonest or Unethical Business Practices by Broker-Dealers and Agents	49 MoReg 1768	Nov. 6, 2024..... May 4, 2025
15 CSR 30-51.172	Dishonest or Unethical Business Practices by Investment Advisers and Investment Adviser Representatives	49 MoReg 1769	Nov. 6, 2024..... May 4, 2025
15 CSR 30-51.174	Fraudulent Practices of Investment Advisers and Investment Adviser Representatives	49 MoReg 1770	Nov. 6, 2024..... May 4, 2025
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19 CSR 30-1.002	Schedules of Controlled Substances.....	49 MoReg 1557	Oct. 8, 2024..... April 5, 2025
19 CSR 30-30.062	Complication Plans for Certain Drug- and Chemically-Induced Abortions.....	This Issue	March 27, 2025..... Sept. 22, 2025
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22 CSR 10-2.020	General Membership Provisions	49 MoReg 1771	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.025	Rule for Participating Higher Education Entity Entry into the Missouri Consolidated Health Care Plan	49 MoReg 1774	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.046	PPO 750 Plan Benefit Provisions and Covered Charges	49 MoReg 1775	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.047	PPO 1250 Plan Benefit Provisions and Covered Charges	49 MoReg 1776	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges	49 MoReg 1777	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges	49 MoReg 1777	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.075	Review and Appeals Procedure	49 MoReg 1783	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	49 MoReg 1784	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.090	Pharmacy Benefit Summary	49 MoReg 1785	Jan. 1, 2025..... June 29, 2025
22 CSR 10-2.140	Strive for Wellness® Health Center Provisions, Charges, and Services	49 MoReg 1786	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.020	General Membership Provisions	49 MoReg 1787	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.055	Health Savings Account Plan Benefit Provisions and Covered Charges	49 MoReg 1789	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.057	Medical Plan Benefit Provisions and Covered Charges	49 MoReg 1789	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.058	PPO 750 Plan Benefit Provisions and Covered Charges	49 MoReg 1795	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.059	PPO 1250 Plan Benefit Provisions and Covered Charges	49 MoReg 1796	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.075	Review and Appeals Procedure	49 MoReg 1796	Jan. 1, 2025..... June 29, 2025
22 CSR 10-3.090	Pharmacy Benefit Summary	49 MoReg 1797	Jan. 1, 2025..... June 29, 2025

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo.

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
2025			
25-20	Orders that the Director of the Missouri Department of Natural Resources is vested with authority to temporarily waive or suspend statutory or administrative rule or regulation to serve the interests of public health and safety in the aftermath of severe weather that began on March 14, 2025	March 20, 2025	Next Issue
25-19	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14	March 14, 2025	This Issue
25-18	Orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives	February 18, 2025	50 MoReg 413
25-17	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until March 10, 2025	February 10, 2025	50 MoReg 411
25-16	Establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education and Workforce Development, to improve existing career and technical education delivery systems	January 28, 2025	50 MoReg 361
25-15	Orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes	January 28, 2025	50 MoReg 360
25-14	Establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education	January 28, 2025	50 MoReg 358
25-13	Orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies	January 23, 2025	50 MoReg 356
25-12	Establishes a Code of Conduct for all employees of the Office of the Governor	January 23, 2025	50 MoReg 354
25-11	Designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government	January 23, 2025	50 MoReg 352
25-10	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025	January 17, 2025	50 MoReg 350
25-09	Directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours	January 15, 2025	50 MoReg 290
25-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025	January 13, 2025	50 MoReg 288

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
25-07	Orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process	January 13, 2025	50 MoReg 287
25-06	Orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service	January 13, 2025	50 MoReg 286
25-05	Directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state	January 13, 2025	50 MoReg 285
25-04	Directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement	January 13, 2025	50 MoReg 284
25-03	Establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community	January 13, 2025	50 MoReg 282
25-02	Establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative	January 13, 2025	50 MoReg 281
25-01	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025	January 3, 2025	50 MoReg 279

2024

24-16	Orders state offices to be closed at 12:00 p.m. on Tuesday, December 24, 2024	December 9, 2024	50 MoReg 14
24-15	Orders state offices to be closed on Friday, November 29, 2024	November 7, 2024	49 MoReg 1890
24-14	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to ongoing and forecasted severe storm systems	November 5, 2024	49 MoReg 1889
24-13	Declares a drought alert for 88 Missouri counties in accordance with the Missouri Drought Mitigation and Response Plan and orders the director of the Department of Natural Resources to activate and designate a chairperson for the Drought Assessment Committee	October 29, 2024	49 MoReg 1802
24-12	Revokes the rescission of Executive Order 97-97	October 24, 2024	49 MoReg 1801
24-11	Rescinds 177 executive orders that are no longer necessary or applicable to the operations of the government	October 23, 2024	49 MoReg 1799
24-10	Directs the Department of Health and Senior Services to address foods containing unregulated psychoactive cannabis products and the Department of Public Safety Division of Alcohol and Tobacco to amend regulations on unregulated psychoactive cannabis products	August 1, 2024	49 MoReg 1343
24-09	Orders executive branch state offices closed on Friday, July 5, 2024	July 1, 2024	49 MoReg 1188
24-08	Extends Executive Order 24-06 and the State of Emergency until July 31, 2024	June 26, 2024	49 MoReg 1187
24-07	Extends Executive Order 23-06 and the State of Emergency until June 30, 2024	May 30, 2024	49 MoReg 954

ORDER	SUBJECT MATTER	FILED DATE	PUBLICATION
24-06	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems	May 2, 2024	49 MoReg 847
24-05	Extends Executive Order 23-05 to address drought-response efforts until September 1, 2024	April 26, 2024	49 MoReg 792
24-04	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 29, 2024	49 MoReg 447
24-03	Declares a State of Emergency and declares Missouri will implement the Emergency Mutual Aid Compact (EMAC) agreement with the State of Texas to provide support with border operations	February 20, 2024	49 MoReg 446
24-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted winter storm systems	January 11, 2024	49 MoReg 270
24-01	Orders the Dept. of Agriculture to establish rules regarding acquisitions of agricultural land by foreign businesses	January 2, 2024	49 MoReg 136

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department of health and human services, public health
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declares a State of Emergency and activates the Missouri State Emergency Operations Plan and exempts hours of service requirements for vehicles transporting residential heating fuel until February 2, 2025; 25-08; 2/18/25
 declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting products utilized by poultry and livestock producers in their farming and ranching operations until January 24, 2025; 25-10; 3/3/25
 declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuel until January 13, 2025; 25-01; 2/18/25
 declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to forecasted severe winter storm systems and exempts hours of service requirements for vehicles transporting residential heating fuels until March 10, 2025; 25-17; 3/17/25
 declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe storm systems beginning on March 14; 25-19; 4/15/25
 declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to ongoing and forecasted severe storm systems; 24-14; 12/15/24
 designates members of his staff to have supervisory authority over departments, divisions, and agencies of state government; 25-11; 3/3/25
 directs the Commissioner of Administration to ensure all flags of the United States and the State of Missouri are flown at full staff at all state buildings and grounds on January 20, 2025 for a period of 24 hours; 25-09; 2/18/25
 directs the Department of Public Safety in collaboration with the Missouri State Highway Patrol to include immigration status in the state's uniform crime reporting system and to facilitate the collection of such information across the state; 25-05; 2/18/25
 directs the Director of the Department of Public Safety in collaboration with the Superintendent of the Missouri State Highway Patrol to establish and maintain a memorandum of understanding with the U.S. Department of Homeland Security and actively collaborate with federal agencies. The Superintendent of the Missouri State Highway Patrol shall designate members for training in federal immigration enforcement; 25-04; 2/18/25
 establishes a Code of Conduct for all employees of the Office of the Governor; 25-12; 3/3/25
 establishes "Operation Relentless Pursuit," a coordinated law enforcement initiative; 25-02; 2/18/25
 establishes the "Blue Shield Program" within the Department of Public Safety to recognize local governments committed to public safety within their community; 25-03; 2/18/25
 establishes the Governor's Workforce of the Future Challenge for the Missouri Department of Elementary and Secondary Education, with the Missouri Department of Education

and Workforce Development, to improve existing career and technical education delivery systems; 25-16; 3/3/25
 establishes the Missouri School Funding Modernization Task Force to develop recommendations for potential state funding models for K-12 education; 25-14; 3/3/25
 orders all executive agencies to comply with the principle of equal protection and ensure all rules, policies, employment practices, and actions treat all persons equally. Executive agencies are prohibited from considering diversity, equity, and inclusion in their hiring decisions, and no state funds shall be utilized for activities that solely or primarily support diversity, equity, and inclusion initiatives; 25-18; 3/17/25

orders Executive Department directors and commissioners to solicit input from their respective agency stakeholders and establishes rulemaking requirements for state agencies; 25-13; 3/3/25

orders the Department of Corrections and the Missouri Parole Board to assemble a working group to develop recommendations to rulemaking for the parole process; 25-07; 2/18/25

orders the Director of the Department of Public Safety and the Superintendent of the Missouri State Highway Patrol to modify the Patrol's salary schedule by reducing the time of service required to reach the top salary tier from 15 years of service to 12 years of service; 25-06; 2/18/25

orders the Office of Childhood within the Missouri Department of Elementary and Secondary Education to improve the state regulatory environment for child care facilities and homes; 25-15; 3/3/25

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Rulemaking Classes

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